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**VARIAN  
SEMICONDUCTOR  
EQUIPMENT  
ASSOCIATES, INC.**

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**To:** Examiner: Michelle CROWELL  
**From:** Scott R. Faber  
**MS Amendment - USPTO**

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**Fax:** 571-273-8300  
**Pages:** 17 (including cover sheet)

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**Phone:**  
**Date:** March 12, 2007

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**Re:** Response to Office Action  
**cc:**

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**Docket:** 2000-026  
**Serial #:** 10/006,462

☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

**• Comments:**

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**Attached Please Find:**

1. Transmittal Form (PTO/SB/21) (1 page); and
2. Fee Transmittal FY 2007 (1 page);
3. Petition for Extension of Time (1 page; 2 copies); and
4. Response to Office Action (12 pages).

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PTO/SB/21 (09-08)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/006,462

Filing Date December 4, 2001

First Named Inventor Steven R. Walther

Art Unit 1763

Examiner Name Michelle Crowell

Attorney Docket Number 2000-026

## ENCLOSURES (Check all that apply)

- ☒ Fee Transmittal Form  
☒ Fee Attached  
☒ Amendment/Reply  
☐ After Final  
☐ Affidavits/declaration(s)  
☒ Extension of Time Request  
☐ Express Abandonment Request  
☐ Information Disclosure Statement  
☐ Certified Copy of Priority Document(s)  
☐ Reply to Missing Parts/ Incomplete Application  
☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)  
☐ Licensing-related Papers  
☐ Petition  
☐ Petition to Convert to a Provisional Application  
☐ Power of Attorney, Revocation  
☐ Change of Correspondence Address  
☐ Terminal Disclaimer  
☐ Request for Refund  
☐ CD, Number of CD(s) \_\_\_\_\_  
☐ Landscape Table on CD

- ☐ After Allowance Communication to TC  
☐ Appeal Communication to Board of Appeals and Interferences  
☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  
☐ Proprietary Information  
☐ Status Letter  
☐ Other Enclosure(s) (please identify below):

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Varian Semiconductor Equipment Associates, Inc.

Signature *Scott R. Faber*

Printed name Scott R. Faber

Date March 12, 2007

Reg. No. 48,380

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature *Renee P. Granito*

Typed or printed name Renee P. Granito

Date March 12, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NO. 851

P. 3/17.

MAR 12 2007

PTO/SB/17 (02-07)

Approved for use through 02/28/2007, OMB 0851-0032  
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Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.  
Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).**FEE TRANSMITTAL**  
**For FY 2007**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 450.00**Complete if Known**

Application Number	10/006,462
Filing Date	December 4, 2001
First Named Inventor	Steven R. Walther
Examiner Name	Michelle Crowell
Art Unit	1763
Attorney Docket No.	2000-026

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number 50-0896 Deposit Account Name: Varian Semiconductor
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues) \_\_\_\_\_

Each independent claim over 3 (including Reissues) \_\_\_\_\_

Multiple dependent claims \_\_\_\_\_

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

**Total Claims** Extra Claims Fee (\$) **Fee Paid (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** Extra Claims Fee (\$) **Fee Paid (\$)**

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** Extra Sheets **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2 Month Extension of Time

450.00

**SUBMITTED BY**Signature Scott R. FaberRegistration No. 48,380  
(Attorney/Agent)

Telephone 978-282-7500

Name (Print/Type) Scott R. Faber

Date March 12, 2007

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